

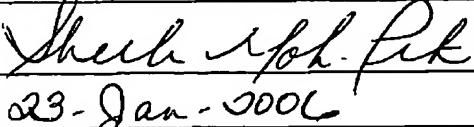
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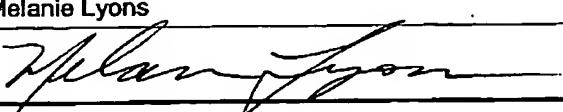
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/695,195
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	P.M. Mertz
Total Number of Pages in This Submission	9	Attorney Docket Number	DX0904KB

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (7 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks:</b>		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	03-Jan-2006

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.			
Typed or printed	Melanie Lyons		
Signature		Date	Jan. 23, 2006

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<b>FEE TRANSMITTAL For FY 2005</b>		<i>Complete if Known</i>	
<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Application Number	10/695,195
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Examiner Name	P. M. Mertz
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1646
TOTAL AMOUNT OF PAYMENT	(\$0)	Attorney Docket No.	DX0904KB

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Other  None  
 Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
7 - 20 or HP = 0	x	=				

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1 - 3 or HP = 0	x	=			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

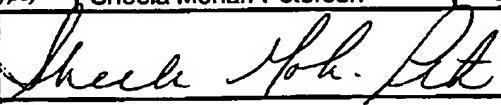
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Other: \_\_\_\_\_

<u>Fees Paid (\$)</u>
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SUBMITTED BY		(Complete if applicable)		
<u>Name (Print/Type)</u>	<u>Sheela Mohan-Peterson</u>		<u>Registration No.</u>	<u>41,201</u>
<u>Signature</u>			<u>Date</u>	<u>03-Jan-2006</u>

Appl. No. 10/695,195  
Amdt. dated January 23, 2006  
Reply to Office action of 10/24/2005

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Jacqueline C. TIMANS

Application No.: 10/695,195

Filed: October 27, 2003

For: POLYPEPTIDES OF AN IL-1-LIKE  
CYTOKINE (as amended)

Examiner: P.M. MERTZ

Art Unit: 1646

Conf. No.: 4584

I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Fax Number (571) 273-8300, on January 23, 2006.

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Alexandria, VA 22313-1450

by:   
MELANIE LYONS

**AMENDMENT AND RESPONSE**

Honorable Sir:

In response to the Office action dated October 24, 2005, Applicant submits the following amendment and response. Reconsideration is respectfully considered.

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.